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Initiatives for Improving Public Health in Massachusetts

Commonwealth of Massachusetts Michael S. Dukakis, Governor

COLLECTION
JUN 4 1985

Introduction

In 1984, the Massachusetts Department of Public Health set an ambitious agenda to significantly improve the health and safety of the residents of the Commonwealth and to control the rising costs of health care in the state. This document briefly describes ten initiatives the Department began in 1984 to improve public health in Massachusetts. The Department will continue these initiatives in 1985 and will develop new initiatives when appropriate in future years.

Setting Public Health Priorities

Before the Department could begin to formulate an action plan, it was critical to set appropriate programmatic priorities. In 1984, the Department developed a list of high priority objectives to address in 1985 and 1986. Most of these priority objectives were derived from data on the leading causes of morbidity and mortality within the Commonwealth; these data indicate a clear need to focus resources on certain key areas. Other priority objectives were chosen because they address major health care systems issues.

The priority areas and objectives are as follows:

1. **Chronic diseases:** Reduce mortality from heart disease, cancer, and stroke.
2. **Maternal and child health:**
   - Reduce the black/white infant mortality gap and the infant mortality gap between communities of higher and lower socioeconomic status through improvements in nutrition and prenatal care.
   - Reduce the incidence of malnutrition, particularly among children and pregnant women.
   - Reduce mortality and morbidity among children and adolescents due to accidents and injuries.
   - Reduce the incidence of lead poisoning through expansion of case management services and increased provision of services at the local level.
3. **Alcohol and drug abuse:** Reduce morbidity and mortality due to alcoholism and drug abuse through increased public awareness and educational efforts and through treatment programs targeting special groups at risk, such as adolescents, young adults, women, and minorities.
4. **Access to health care:** Ensure that the Massachusetts health care system provides high quality, appropriate, and cost-effective health services to all the state's citizens regardless of ability to pay.
5. **Foodborne illness:** Ensure a wholesome and safe food supply, prevent foodborne illness, and protect consumers from hazardous chemicals in the food supply.

Other important continued priorities include providing shelter to the homeless, eliminating the backlog of second offender drunken drivers waiting to enter Department-sponsored residential alcohol treatment programs, and eliminating the backlog of Determination of Need applications from hospitals and other health care institutions seeking state permission to open new facilities or make substantial changes in their current operations.

Reorganizing the Management Structure

Once the Department had set its priorities for the coming years, it became apparent that a number of organizational changes were needed to ensure that it could act on its new agenda. Therefore, the **FIRST INITIATIVE** the Department embarked upon in 1984 was the creation of a more efficient organizational structure. The new organizational chart on the following page reflects these changes.

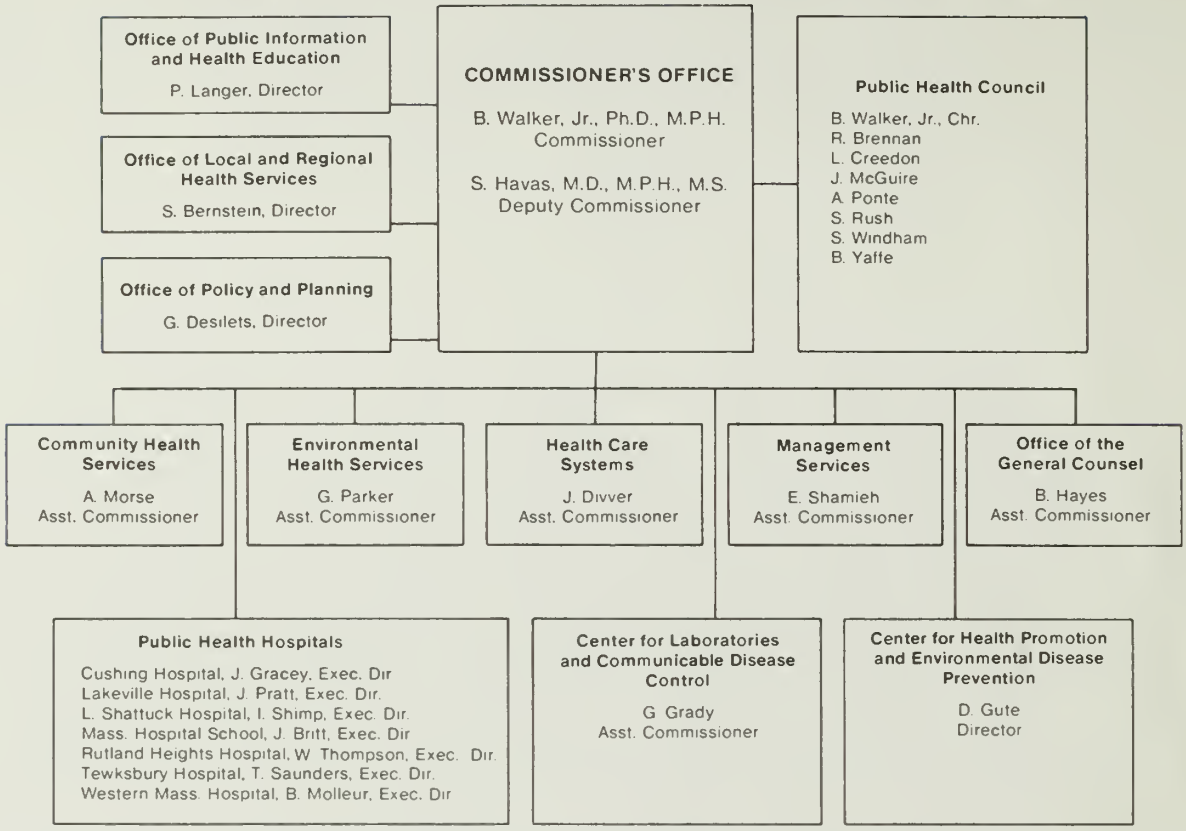
Several major functional realignments have been undertaken in the past year to improve the Department's operational efficiency. First, both programmatically and physically all operations relating to the control of communicable diseases were consolidated into a new Center **for Laboratories and Communicable Disease Control.** The Divisions of Communicable and Venereal Diseases, Tuberculosis Control, and the State Laboratory Institute now report to one Assistant Commissioner, ensuring effective coordination of these units. Previously these three programs were in separate parts of the Department and did not work closely together. Furthermore, the Food and Drug Division, which is also based at the State Laboratory, now works as a team with the Communicable Diseases Division in the investigation of foodborne disease.

The creation of a new Center **for Health Promotion and Environmental Disease Prevention** consolidated programs from the Preventive Medicine and Environmental Health Assessment Divisions, two units that previously reported to different Assistant Commissioners. This consolidation has allowed the development of an integrated, statewide program to reduce deaths from heart disease, cancer, and stroke through combined lifestyle and environmental risk reduction programs.

Three programs - the Diethystilbesterol (DES) Education and Screening Program, the Women's Health Program, and the Child Passenger Safety Resource Center - that were previously in the Preventive Medicine Division have been combined with appropriate units within the Family Health Services Division with which they are more closely allied. In addition, some of the public information activities that had been carried out by the Preventive Medicine Division were combined with the Department's central Public Information Office to form an expanded **Public Information and Health Education Office.**

The creation of a new **Office of Local and Regional Health Services** reporting directly to the Commissioner's Office has allowed a

DEPARTMENT OF PUBLIC HEALTH ORGANIZATIONAL CHART



more effective integration of the regional health offices into the Department. Under previous administrations, these offices were buried deep within the organization with little direction or supervision provided to them. Now the role of these offices is being redifined to make them more responsive to regional and Departmental needs.

Finally, an **Office of Policy and Planning** was created. This office serves as the Department's key link to members of the Legislature. Staff of this office also serve on Executive Office of Human Services policy task forces.

While a new organizational structure was being put into place, the Department also embarked upon a simultaneous effort to improve its purchase-of-service contracting system. In 1984, staff in the Commissioner's Office began a systematic review of all purchase-of-service contracts, resulting in numerous improvements in the Department's contracting process as well as substantial increases in some of the services provided.

After reviewing its contracts carefully, the Department has in some cases dramatically increased both the quality and quantity of services provided. To cite one example, the number of individuals served by contracted programs for hypertension screening and education was increased by almost 100% in 1984. In 1985 contracts, the numbers served will be increased by at least 200% over the 1984 figure with no increase in total dollars spent.

The Department is currently creating a Management Information System for all purchase-of-service contracts. Such information as service type, service unit, eligibility, geographic service area, client population, payment source, and unit rate will be obtained. This information will enable the Department to know readily what other contracts providers have with other divisions and with other Executive Office of Human Service agencies, as well as rates paid for similar types of services. In addition, service type and geographic information will enable the Department to determine where program funds should be targeted and to respond more effectively to questions from legislators and constituents.

Preventing Chronic Diseases

The SECOND INITIATIVE was the development of a statewide program for the prevention of premature death and disability from heart disease, cancer, and stroke - the three leading causes of death in the Commonwealth. With additional funds appropriated in 1984, the Department established the Center for Health Promotion and Environmental Disease Prevention described earlier.

This Center has already generated a great deal of interest and attention, both within Massachusetts and nationally. Center staff have developed a comprehensive plan for reducing the lifestyle risk factors which are the major causes of these three diseases: smoking, uncontrolled high blood pressure, excess dietary fat, and physical inactivity. Within the next few months, the Center will implement all phases of that plan, working with local communities, hospitals, worksites, schools, and other appropriate organizations. Within two years of implementation, a decrease in death rates from heart disease and stroke should occur, and within ten years, a decrease in cancer deaths is anticipated.

The Center has also been actively involved in responding to community concerns about elevated cancer rates and about possible links between those rates and environmental toxic exposures. The Center has received numerous requests to address this complex problem. The following are examples of how the Center has responded:

1. The Center obtained a $1 million federal grant to determine the extent of human exposure to polychlorinated biphenyls

(PCBs) in the greater New Bedford area and whether there are health effects from such exposure.

2. In Woburn, the Center recently held a two-day meeting of scientific experts, co-sponsored by the U.S. Centers for Disease Control, to review available information on leukemia cases in that city and the possible relationship of these cases to the dumping of toxic wastes. The Department is awaiting recommendations from the 12-member panel as to whether further studies of this problem should be undertaken.

3. A study of elevated kidney cancer rates in the Merrimack Valley is underway to assess possible environmental and occupational toxic substances to which the population there may be exposed.

Increasing Maternal and Child Health Services

The THIRD and FOURTH INITIATIVES were undertaken in the areas of maternal and child health. Through state funding, the Department last year increased the number of women, infants, and children enrolled in the previously totally federally-funded Special Supplemental Food Program for Women, Infants and Children (WIC) from 48,000 to 68,000. This program is a key component in efforts to achieve the objectives noted earlier of reducing the infant mortality rate and reducing the incidence of malnutrition in the Commonwealth.

Another child health initiative involved increasing case management services in the Department's Childhood Lead Poisoning Prevention Program. Every year in Massachusetts approximately 3,500 children are found to have elevated blood lead levels which place them at risk of brain damage. Careful screening, blood analysis, and follow-up must be carried out on a continuing basis to protect the children vulnerable to this tragic but preventable condition. Case management of those children with elevated lead levels is vital to ensure that they receive adequate treatment and that their homes are deleaded.

The work of this program will continue to increase in the coming year. The U.S. Centers for Disease Control have lowered the recommended limits for the level of lead in the blood, recognizing that even modest elevations can cause developmental damage in young children. Therefore, even more children will require and receive follow-up this year.

The Department will continue to place special emphasis on child health programs. By constructing and developing better environments for our children, we are protecting their ability to learn, to be self-sufficient, and to contribute to society.

Preventing Alcohol and Drug Abuse

The FIFTH and SIXTH INITIATIVES were aimed at the problems of alcohol and drug misuse and abuse. The Department conducted a survey in 1984 which indicated that these problems often begin early in life. According to the survey, alcohol and drug use is widespread in the ninth through twelfth grades, with 90% of students surveyed having used alcohol in their lifetime, often in combination with other drugs. Sixty percent of those surveyed have used one or more illicit drugs in their lifetime, and 31% had used one or more illicit drugs in the month prior to the survey.

In response to these alarming statistics, the Department is working closely with the Governor's Alliance on Drugs in sponsoring a series of initiatives targeting adolescents. Programmatic initiatives include increased funding for eight regional prevention centers to conduct educational and teacher training programs for prevention of both drug and alcohol use by youth in the Commonwealth. These centers are also working with community groups on these problems and are promoting mass media educational campaigns.

A second important component of this initiative is the funding for the first time of five residential treatment programs for adolescents with drug and/or alcohol problems. A third component is the funding of community-based prevention programs to provide intensive outreach, counseling, and education efforts for youngsters with substance abuse problems. Another important element is the funding of court diversion projects which provide counseling, treatment, and follow-up as a substitute for jailing young offenders.

Yet another initiative in this area has been the Department's 14-day residential treatment programs for second offender drunken drivers. The model for this program was begun at Rutland Heights Hospital in 1983. The Department recently expanded the size of the Rutland program from 131 beds to 151 beds, the maximum capacity for this program. One program has been insufficient to deal with the magnitude of this problem, however, and so the Department opened a 60-bed program at Lakeville Hospital in January. In April, additional 60-bed programs are opening at Tewksbury Hospital and at Middlesex County Hospital in Waltham. With all of these programs, the case backlog will be eliminated within one year.

Providing Care at Public Health Hospitals

The SEVENTH INITIATIVE, strong support for the seven Department of Public Health hospitals, was an important component of efforts to ensure access to high quality, affordable care for all residents of the Commonwealth. Through the operation of its public health hospitals, the Department has been able to provide a broad range of clinical services to meet the needs of patients not adequately served by the voluntary or private sectors.

Examples of the special services and programs of the public health hospitals include the following: coma patient services at the Western Massachusetts Hospital in Westfield, the care of long-term ventilator dependent patients at Lakeville Hospital, the acute care of Department of Correction and Department of Mental Health patients at the Lemuel Shattuck Hospital in Boston, the Center for Alcohol and Substance Abuse Disorders at Rutland Heights Hospital, the adult day care program at the Cushing Hospital in Framingham, the independent living residential program at the Massachusetts Hospital School in Canton, the summer camps and respite programs for handicapped children at the Western Massachusetts Hospital, the residential treatment programs for second offender drunk drivers previously described, and the homeless shelters at the Tewksbury and Lemuel Shattuck Hospitals. Recognizing the importance of the hospitals, strong ties have been developed between the Commissioner's Office and these facilities since early 1984.

Monitoring and Improving Patient Care

The EIGHTH INITIATIVE, the strengthening and expansion of services of the Division of Health Care Quality, was another important

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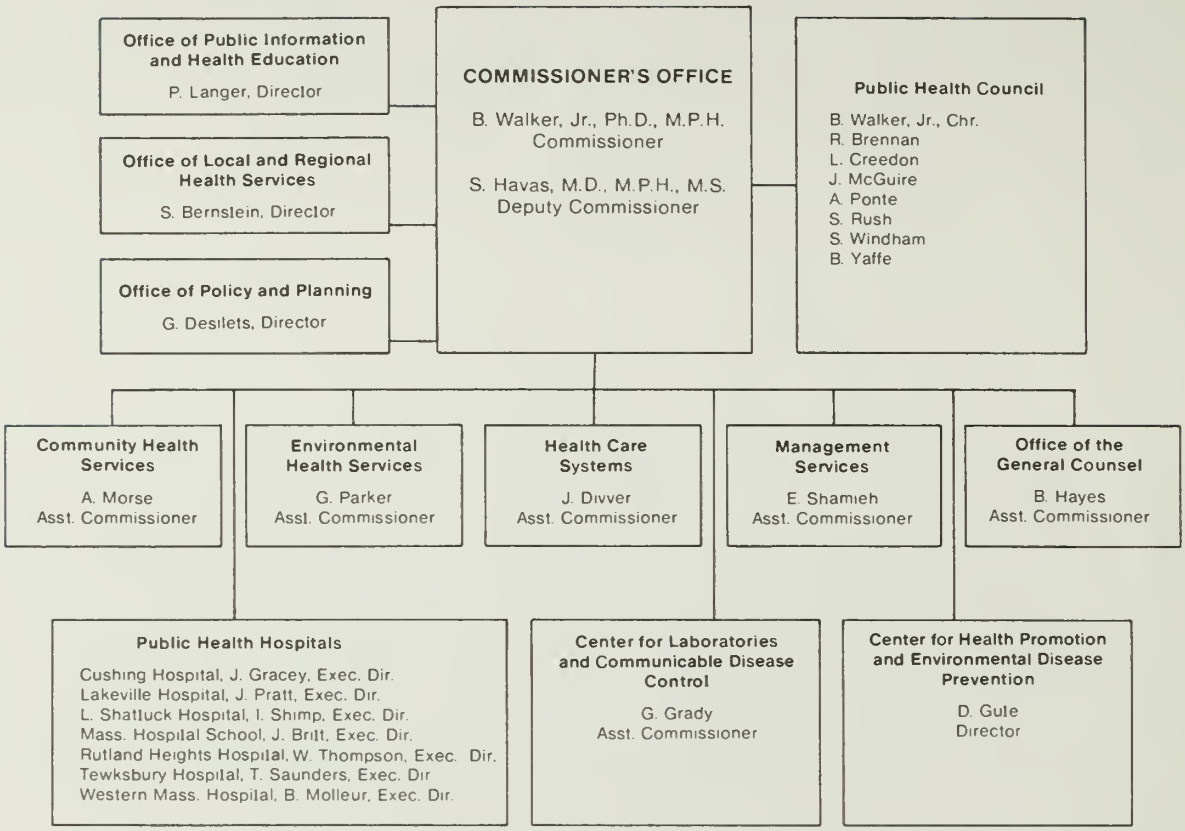

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Monitoring and Improving Patient Care

The **EIGHTH INITIATIVE**, the strengthening and expansion of services of the Division of Health Care Quality, was another important

component of efforts to ensure high quality health care for all. The mission of the Division is to monitor the quality of patient care provided by the Commonwealth's health care facilities and services and to protect the health and safety of patients who receive care and services from the state's 547 nursing homes, 233 rest homes, 24 state schools, 200 infirmaries and clinics, 133 home health agencies, 156 clinical laboratories, 120 blood banks, and 330 ambulance services. The Division investigates complaints from the public and health care professionals concerning substandard care and services and abuse of patients and takes enforcement actions against substandard providers.

In 1984, the Division received 356 complaints representing an increase of approximately 39% from 1983. This figure includes 144 patient abuse complaints, an increase of approximately 50% from the previous year. The projected number of complaints for 1985 could reach 520, an increase of 46% over 1984. This also includes a projected total of approximately 200 patient abuse complaints, an increase of 38% over 1984. The increase in complaints can be directly attributed to the Division's installation of a toll-free, statewide patient abuse hotline and a public awareness campaign launched late in 1983.

In addition, the Division within this past year trained some 2,000 nursing home employees in patient abuse awareness and prevention. Enforcement of licensing regulations has also been strengthened, and when necessary, quick action has been taken to bring facilities into compliance. In several cases, nursing and rest homes have been closed or put into receivership to protect patients. This type of action-response is proving highly effective in encouraging high levels of patient care.

Revitalizing the Determination of Need Program

The NINTH INITIATIVE, revitalization of the Determination of Need (DoN) Program, was an important element in the Department's efforts to contain the high cost of health care. Under this program, hospitals and other health facilities must apply to the Department for state approval whenever they wish to initiate new services, change their current operations or make significant capital expenditures. The budget for the program was reduced substantially under the previous Administration, and although funding has been largely restored under the new Administration and the large backlog of cases somewhat reduced, the program still has insufficient resources to deal with a backlog that has developed over several years. Because of this insufficiency, a supplemental budget request has been filed. If passed and with adequate resources for 1985 and 1986, the DoN backlog should be eliminated within one year.

In the meantime, the Department also looked at additional ways of improving the DoN program. Coopers and Lybrand in Boston, a private accounting and management consulting firm reviewed the DoN program without charge and made a series of recommendations for strengthening it. The Department has already begun to act on those recommendations which do not require additional resources. These changes should result in a more efficient, streamlined DoN Process.

Strengthening Communicable Disease Control Services

The TENTH INITIATIVE was the creation of the Center for Laboratories and Communicable Disease Control. For years the Massachusetts State Laboratory has enjoyed an outstanding reputation. Its accomplishments include the production of almost 500,000 doses of diphtheria-pertussis-tetanus (DPT) vaccine annually. The fact that the Department produces so much of its own DPT vaccine annually has meant that Massachusetts, unlike the rest of the country, has not suffered a shortage of this vaccine. Fewer children are at risk of developing diphtheria, whooping cough, and tetanus as a result of the laboratory's production of vaccine.

The different laboratories at this facility perform approximately one million tests annually. These tests cover the entire age spectrum of our population from the newborn to the elderly. Tests performed by the laboratories include newborn screening for hypothyroidism, phenylketonuria (PKU) and galactosemia; strep throat, hepatitis, rabies, syphilis, tuberculosis, foodborne bacteria and viruses, encephalitis, and influenza; illicit drugs; and environmental toxins such as PCBs. The quality and quantity of tests performed provide a major health protection function for Massachusetts residents.

With the reorganization described earlier, this new Center has been able to effectively coordinate the diagnosis, treatment, and prevention of several serious illnesses within the Commonwealth this past year.

A major emphasis of the Center during the past year has been on responding to the growing number of cases of Acquired Immune Deficiency Syndrome (AIDS) in the Commonwealth through ongoing case surveillance and staff support to the Governor's Task Force on AIDS, chaired by the Commissioner of Public Health.

As a result of the work of the Task Force and the Center, AIDS was made a reportable disease, guidelines were issued to hospitals on the management of AIDS patients, an informational booklet on AIDS was produced, $1 million in state funds for AIDS research was distributed, and a comprehensive plan was developed for the implementation of a new screening test to identify exposure to the AIDS virus.

Other serious illness outbreaks in which the Center has played a major role this past year include tuberculosis among the homeless in Boston, measles at several universities, and delta hepatitis in Worcester. The Center has also been heavily involved in the prevention of childhood diseases and adult influenza through its immunization programs as well as the containment of outbreaks of foodborne illnesses through its laboratory testing and case investigations.

Conclusion

In conclusion, the Department of Public Health is working on many important fronts to reduce the risk of disease and disability in the Commonwealth. These efforts should result in considerable improvements in the public's health in the coming years and thereby contain our soaring expenditures for health care.

Commonwealth of Massachusetts
Department of Public Health

Michael S. Dukakis
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April 1985